

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14419:
Registrar's No. 3

Registration District No. 68, Primary Registration District No. 5267

1. PLACE OF DEATH:

- (a) County Spokane
(b) City or town Spokane
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oak Ridge District
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
In this community West of Hin Lake (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war. Plas, Keithley
(c) Social Security No. 3

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lula Keithley
(c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. 20th 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 2
If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wm Keithley
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Helen Titmworth
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Linga Bilson
(b) Address Ozark Mo.
17. (a) Burial (b) Date thereof Jan 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director F.B. Chaffin
(b) Address Ozark Mo.
19. (a) 2-4-44 (b) Mabel Mapes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Christian
(c) City or town Spokane
(If outside city or town limits, write "RURAL")
(d) Street No. Oak Ridge District
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1944 hour 5- minute 30 M.,

21. I hereby certify that I attended the deceased from Dec 18. 1943 to Jan. 22 1944

that I last saw him alive on Jan. 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Palsy Duration

Due to Arteriosclerosis with Paralysis left arm and leg
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Wade (M. D. or other)
Address Ozark Mo. Date signed 1-25-44

RECEIVED

District Health Officer No. 6,

District File Num.

244-184

Date Filed

FEB 11 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

This Body was not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

T. B. Chaffin

Licensed Embalmer No.

2192

P. O. Address

Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7ab.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Lancaster Christian
(b) City or town Spokane R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Oak Ridge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Oct. 20
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local Registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Christian
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration _____

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. N. Wade (M. D.) or other _____
Address Oak Ridge Mo Date signed 1-25-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

14419